



### **Redeemer Village Application Return Instructions**

Please fill out the application and the following forms below. All 4 forms must be completed, signed and returned by mail to: **Redeemer Village, 1551 Huntingdon Pike Huntingdon Valley, PA 19006.**

- 1. Redeemer Village Application**
- 2. HUD – 92006 Supplement to Application**
- 3. Declaration of Citizenship**
- 4. Verification Consent Form**

Applications will only be accepted by mail. Applications will not be accepted by hand delivery or by fax at Redeemer Village.

All applications will be date/time stamped and will be placed on the waiting list accordingly.

A household may submit only one application. Applicants must have an income limit no greater than for a 1-person household \$36,900 or a 2-person household at \$42,200.

Applications must be a minimum of 62 years of age.



Redeemer Village  
1551 Huntingdon Pike  
Huntingdon Valley, PA 19006  
Phone 215-947-8168  
Hearing & Speech Assistance Dial 711

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### APPLICANT 1:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Do you have a Social Security number? Yes ☐ No ☐

If no SS# why? \_\_\_\_\_ If yes please provide your SS # \_\_\_\_\_

Ethnicity: Hispanic ☐ Non-Hispanic ☐ Is this applicant: Male ☐ Female ☐ I choose not to answer ☐

Are you a student? Yes ☐ No ☐ Do you require an Accessible Unit? Yes ☐ No ☐

Is this applicant a U.S. military veteran? Yes ☐ No ☐ Are you working Yes ☐ \_\_\_\_ Full Time \_\_\_\_ Part Time No ☐

List all the states where this applicant has lived: (attach additional sheet if necessary) \_\_\_\_\_

Is this applicant subject to state lifetime sex offender registration requirements in any state? Yes ☐ No ☐

How did you hear about Redeemer Village?

☐ Newspaper ☐ On-Line ☐ Friends/Family ☐ HUD ☐ Other \_\_\_\_\_

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### APPLICANT 2:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Do you have a Social Security number? Yes ☐ No ☐

If no SS# why? \_\_\_\_\_ If yes please provide your SS # \_\_\_\_\_

Ethnicity: Hispanic ☐ Non-Hispanic ☐ Is this applicant: Male ☐ Female ☐ I choose not to answer ☐

Are you a student? Yes ☐ No ☐ Do you require an Accessible Unit? Yes ☐ No ☐

Is this applicant a U.S. military veteran? Yes ☐ No ☐ Are you working Yes ☐ \_\_\_\_ Full Time \_\_\_\_ Part Time No ☐

List all the states where this applicant has lived: (attach additional sheet if necessary) \_\_\_\_\_

Is this applicant subject to state lifetime sex offender registration requirements in any state? Yes ☐ No ☐

How did you hear about Redeemer Village?

☐ Newspaper ☐ On-Line ☐ Friends/Family ☐ HUD ☐ Other \_\_\_\_\_

**INCOME:****APPLICANT #1****APPLICANT #2**

SOCIAL SECURITY:	Gross per month including Medicare	\$ _____	\$ _____
SSI:	Gross per month	\$ _____	\$ _____
PENSION:	Gross per month (including any deductions)	\$ _____	\$ _____
ANNUITY:	Only if receiving monthly payments	\$ _____	\$ _____
EMPLOYMENT:	Gross per month (including any deductions)	\$ _____	\$ _____
OTHER INCOME:	Monthly income sources such as rent, alimony	\$ _____	\$ _____

\*Gross amount is the amount before taxes or any other deductions.

**ASSETS:**

CHECKING:	Bank: _____	Balance: _____	Interest Rate _____ %
	Bank: _____	Balance: _____	Interest Rate _____ %
SAVINGS:	Bank: _____	Balance: _____	Interest Rate _____ %
	Bank: _____	Balance: _____	Interest Rate _____ %
CERTIFICATE OF DEPOSIT:	Bank: _____	Value: _____	Interest Rate _____ %
	Bank: _____	Value: _____	Interest Rate _____ %
	Bank: _____	Value: _____	Interest Rate _____ %
ANNUITY/IRA	Bank: _____	Value: _____	Interest Rate _____ %
	Bank: _____	Value: _____	Interest Rate _____ %

*(If more space is needed, please attach another sheet)*

**STOCKS:** Please include Name, Current Value, Earnings and Dividends.

**ALL GOVERNMENT BONDS:** (H, HH, E, EE, etc.) Please include Name, Value and Earnings.

*(If more space is needed, please attach another sheet)*

**CASH VALUE OF LIFE INSURANCE POLICIES** ..... \$ \_\_\_\_\_

**CASH VALUE OF BURIAL PLOTS**..... \$ \_\_\_\_\_

**DO YOU: OWN** ☐ **RENT YOUR HOME** ☐

**REAL ESTATE:** *approximate selling price*..... \$ \_\_\_\_\_

**MORTGAGE REMAINING**..... \$ \_\_\_\_\_

**Attach on a separate sheet medical expenses for the past 12 months including but not limited to health insurance premiums, copays, prescriptions, dental, eye doctor, etc.**

I affirm that the above information is a complete and true statement as known to me, and that I will substantiate all figures with proof when called for an interview.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Check here if adult signed for a child: \_\_\_\_\_

- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

**AND**

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_